

Clackamas Community College OEBB 2018-2019 Plan Year | Summary of Dental Benefits

Plan Option	Kaiser Dental Plan 8 ¹	Delta Dental Plan 1 [♦]	Willamette Dental 8 [±]
Dental Office Visit Copayment	\$20*	NA	\$20 ³ *
Benefit Maximum	\$4,000***	\$2,200	NA
Deductible	NA	\$50	NA
Preventive and Diagnostic Services* Deductible Waived for Preventive & Diagnostic Services on Delta Plans			
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	100%*	70% + 10% each Plan Year	100%*
Restorative Services*			
Routine fillings, inlays and stainless steel crowns	100% ² *	70% + 10% ¹ each Plan Year	100% ² *
Simple Extraction*			
Simple tooth extractions	100%*	70% + 10% each Plan Year	100%*
Oral Surgery*			
Surgical tooth extractions, including diagnosis and evaluation	\$50 copay*	70% + 10% each Plan Year	\$50 copay*
Periodontics*			
Diagnosis, evaluation, and treatment of gum disease including scaling and root planning	100%*	70% + 10% each Plan Year	100%*
Endodontics*			
Root canal and related therapy including diagnosis and evaluation	\$50 copay*	70% + 10% each Plan Year	\$50 copay*
Major Restorative Services*			
Gold or porcelain crowns and onlays	\$250 copay*	70% + 10% each Plan Year	\$250 copay*
Implants	50%* (limit of 4 per lifetime)	50% + 10% each Plan Year	See Certificate of Coverage for copays
Occlusal guards (night guards/athletic guards)	90%	50% up to \$250 maximum, once every 5 years	\$100 copay*
Nitrous Oxide	\$25.00 (ages 12 & up)	50%	\$15 copay*
Fixed and Removable Prosthetic Services*			
Full and partial dentures, relines, rebases	\$100 copay*	70% + 10% each Plan Year	\$100 copay*
Bridge retainers and pontics	\$250 copay*	70% + 10% each Plan Year	\$250 copay*
Orthodontics* (All plans except Delta Dental Plan 6)			
Orthodontic Treatment	\$2,500 copay + \$20 per visit	80% to \$1,800 lifetime maximum	\$2,500 copay + \$20 per visit**

- ♦ Under Delta Dental Plans 1-3 benefits start at 70% the first plan year then increase by 10% each plan year (up to maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year. Switching between incentive plans (1-5) and non-incentive plans will have an effect on benefit level.
- + Kaiser Dental Plan 8 no longer requires enrollment in Kaiser medical plan. Services must be by a contracted Kaiser provider in order for benefits to be payable. Please see handbook for details.
- ± Under Willamette Dental Plan 8 services must be proved by a Willamette Dental Group provider in order for benefits to be payable. See handbook for details.
- * Kaiser and Willamette Dental Group plans: Office visit copayment applies at each visit, in addition to any plan copayments for services.
- ** Pre-Orthodontic Service fee of \$150 is credited toward the orthodontics benefit if patient accepts treatment plan.
- *** Preventative care and orthodontia do not accrue to this maximum.
- ¹ Posterior fillings paid to amalgam fee.
- ² Fillings are covered at 100% for all amalgam tooth surfaces, composite anterior and one-surface composite posterior. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Kaiser Permanente or Willamette Dental Group directly for actual fees.
- ³ The office visit copayment is waived for participants in the Chronic Condition Dental Management program for specific preventive services.
- ⁴ Replacement of lost or stolen appliance once every 2 years. Replacement or repair of broken appliances as needed.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the handbook will prevail.

Dental Plan Premiums			
	Kaiser	Delta Plan 1	Willamette
Employee Only	\$70.45	\$66.09	\$45.53
Employee & Spouse/Partner	\$155.02	\$130.91	\$90.21
Employee & Child(ren)	\$133.88	\$145.20	\$95.98
Employee & Family	\$218.42	\$215.59	\$144.20